



the harlem family institute

a multicultural psychoanalytic training institute

PROVISIONALLY CHARTERED BY THE BOARD OF REGENTS OF THE UNIVERSITY OF THE STATE OF NEW YORK

Application for:

- Program in Psychoanalysis
- Licensure-Qualifying Program in Psychoanalysis
- Program in Child & Adolescent Psychoanalytic Psychotherapy
- Psychology Internship Program
- Clinical-Experience Program for Limited-Permit Holders

Applications and supporting material, including your CV and three references, must generally be received by May 31 for the applicant to be considered for training in September. Enclose a non-refundable \$100 application fee payable to the Institute and mail the application to:

Attention: Dr. Kim Arrington, Psy.D.
Clinical & Training Director
The Harlem Family Institute
2 Riverside Drive #5D
New York, NY 10023-2526

Email: dr.arrington@gmail.com; phone: (201) 417-6120

Name (block letters): First _____ Last _____

Address: _____

City _____ State: _____ Zip code: _____

Phones: Home: _____ Work: _____ Mobile: _____

Email: _____ Website: _____

Indicate which training program you are applying for:

- Program in Psychoanalysis *—for licensed applicants only*
- Licensure-Qualifying Program in Psychoanalysis *—for unlicensed or licensed applicants*
- Program in Child & Adolescent Psychoanalytic Psychotherapy *—for licensed applicants only*
- Psychology Internship Program *—for students in graduate psychology programs only*
- Clinical-Experience Program *—for NY State limited-permit holders only*

Current occupation/s and how long you have been so employed:

Names of institutions of higher education attended with degrees granted and dates of attendance. Please have college and graduate schools send your transcripts to the Institute.

NAME OF INSTITUTION

DEGREE/S

DATES ATTENDED

List all licenses, certifications or Board accreditations:

Professional affiliations and memberships:

Publications and professional presentations:

Director/s of any field work in graduate school:

Supervisor/s at work placement (name, address, phone number and email address):

Other Clinical Experience (individual, group, marital therapy, number of years):

If this work was supervised, list supervisors' names, addresses, phone numbers and email addresses:

Personal analysis or therapy experience (include name and address of analyst/s, dates started / ended):

List the names, addresses, phone numbers and email addresses of three professional references. Please contact them and ask them to write to us on your behalf:

How did you learn of the Harlem Family Institute?

Attach a brief autobiographical essay. Include why you think you have an aptitude to offer psychoanalytic therapy to children, adolescents and others, and why you want to train at the Harlem Family Institute.

Signature: _____ Date: _____

Remember to include the nonrefundable \$100 application fee, payable to the Institute.